

FROM McANDREWS, HELD, & MALLOY

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MICHAEL T. CRUZ

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TO: Marceau Milord

FAX NO.: 703 872 9306

Examiner, Group Art Unit 2682

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772

MATTER: 15264US02

Number of Pages This Transmission (Including Cover Page): 9

I hereby certify that the attached Response including a Terminal Disclaimer is being facsimile transmitted to the United States Patent and Trademark Office on December 14, 2004.

A handwritten signature of Michael T. Cruz is written over a horizontal line. The signature is cursive and appears to read "Michael T. Cruz".  
Michael T. Cruz  
Reg. No. 44,636

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<b>TRANSMITTAL FORM</b>		Application Number	10/796,817
		Filing Date	March 9, 2004
		First Named Inventor	Ahmadreza Rofougaran
		Art Unit	2682
		Examiner Name	Marceau Milord
		Attorney Docket Number	15264US02
Total Number of Pages in This Submission	8		

(to be used for all correspondence after initial filing)

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (3 Pages) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	McAndrews Held & Malloy, Ltd. _____
Signature	<i>Michael T. Cruz</i> _____
Printed Name	Michael T. Cruz
Date	December 14, 2004

**CERTIFICATE OF FAX TRANSMITTAL**

I hereby certify that this correspondence is being sent via facsimile transmission to Marceau Milord, an Examiner of the United States Patent and Trademark Office, at 703-872-9306 on December 14, 2004.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	December 14, 2004

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete if Known

Application Number	10/796,817
Filing Date	March 9, 2004
First Named Inventor	Ahmadreza Rofougaran
Examiner Name	Marceau Milord
Art Unit	2682
Attorney Docket No.	15284US02

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money Order    Other    None
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Deposit Account Number

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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity   Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 0)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 "	Extra Claims	Fee from below	Fee Paid
	-20 "	= 0	X 0 = 0	0
Independent Claims	-3 "	= 0	X 0 = 0	0

  

Multiple Dependent	Claims	X 0 = 0

Large Entity   Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid -- Reissue independent claims over original patent	
1204	88	2204	44	-- Reissue claims in excess of 20 and over original patent	
1205	16	2205	9		
SUBTOTAL (2)				(\$ 0)	

\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	55
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2601	685
1502	490	2502	245
1503	660	2503	330
1480	130	1460	130
1807	50	1807	50
1808	180	1808	180
8021	40	8021	40
1809	790	2809	385
1810	790	2610	395
1801	790	2801	395
1814	130	2814	65
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 130.00)			

Complete if applicable

SUBMITTED BY			
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	December 14, 2004

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